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| <b>MULTIPLE DEPENDENT CLAIM<br/>FEE CALCULATION SHEET</b><br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |          |        |                       |        |                        |        | Application Number<br><div style="font-size: 1.5em; font-family: cursive;">01761716</div> |        | Filing Date |        |
|--|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|
|  |          |        |                       |        |                        |        | Applicant(s)  |        |             |        |
|  |          |        |                       |        |                        |        | * May be used for additional claims or amendments   |        |             |        |
| CLAIMS   | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |   |        |             |        |
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| Total Indep  |          |        |                       |        |                        |        |   |        |             |        |
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| Total Claims   |          |        |                       |        |                        |        |   |        |             |        |

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